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July 25, 2019

The Honorable Paul Tonko  
U.S. House of Representatives  
2369 Rayburn House Office Building  
Washington, DC 20515

Dear Representative Tonko:

On behalf of the physician and medical students of the American Medical Association (AMA), I am writing to express our support for H.R. 2482, the “Mainstreaming Addiction Treatment (MAT) Act.” As the largest professional association for physicians and the umbrella organization for state and national medical specialty societies, the AMA has been, and continues to be, deeply committed to confronting and ending the epidemic of substance use disorder, especially opioid use disorder and related overdose deaths, which are having a devastating effect across our nation. We commend your leadership in offering an important solution to overcoming barriers to treatment for the millions of patients who lack access to the gold standard of treating opioid use disorder, i.e., medication-assisted treatment (MAT), by eliminating the requirement in current law for obtaining a waiver to prescribe buprenorphine in-office for the treatment of opioid use disorder.

More than two million people in the United States have opioid use disorder, putting them at a greatly increased risk of early death from overdose, infectious diseases, trauma, and suicide. Drug overdose deaths involving opioids have been escalating rapidly in the United States, with more than half a million people dying from an overdose during 2000-2015 and more than 130 people in the United States dying from an opioid-related cause every day in 2017. Yet, it is estimated that more than 92 percent of those 12 and older did not receive treatment for a substance use disorder in 2017, according to the National Survey on Drug Use and Health. The effectiveness of long-term treatment with MAT in supporting patients with opioid use disorder to lead satisfying, productive lives means that many of these deaths could be prevented if more patients received evidence-based therapy.

Although some success has been achieved in increasing the number of physicians who have become certified to prescribe office-based buprenorphine, a significant number of waived physicians are not providing treatment due to various barriers, even though caps on the number of patients to whom one physician may prescribe have been increased. Physicians who are permitted to prescribe MAT for opioid use disorder are assigned special registration numbers by the Drug Enforcement Administration (DEA), have certain recordkeeping requirements, and are subject to on-site inspections and audits of their practices. Having special rules for prescribing buprenorphine increases the stigma associated with addiction treatment. Even though buprenorphine is a Schedule III controlled substance, the training and recordkeeping requirements associated with its use as well as the potential for DEA audits make it seem like the medication is disproportionately dangerous and has a high risk of abuse. The limitations in federal law for physicians prescribing this medication have led to justifications by insurance plans for imposing prior authorization and other restrictions on these prescriptions, although some of these restrictions have

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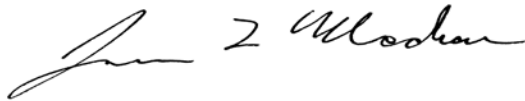
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recently been eliminated in some states. In addition, the limits on the numbers of patients that a physician can treat mean that some patients are prematurely removed from treatment to make room for more urgent cases.

The AMA believes that the MAT Act would end an outdated and burdensome requirement in federal law that restricts physicians and other medical professionals from prescribing buprenorphine in-office. The evidence is clear that treatment with MAT can help patients lead satisfying, productive lives. Your bill would help provide more access to treatment for those with opioid use disorders and could help save countless lives, and the AMA is pleased to support it.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive, flowing style.

James L. Madara, MD